

OREGON DEPARTMENT OF TRANSPORTATION
ACCIDENT DATA UNIT
555 - 13TH ST NE
SALEM, OR 97310-1380



TELEPHONE: (503)986-3507
FAX: (503) 986-4249

NOTICE: IN ADDITION, THE DRIVER MUST FILE AN INDIVIDUAL ACCIDENT REPORT WITH DRIVER AND MOTOR VEHICLE SERVICES (DMV) WITHIN 72 HOURS IF THE ACCIDENT INVOLVED DEATH OR INJURY TO ANY PERSON OR THERE WAS PROPERTY DAMAGE IN THE AMOUNT OF \$1000 OR MORE. THE ACCIDENT REPORT FORM (735-0032) IS AVAILABLE AT ALL DMV & LAW ENFORCEMENT OFFICES OR BY CALLING (503) 945-5098.

MOTOR CARRIER ACCIDENT REPORT

INSTRUCTIONS: IF TWO OR MORE OF THE SCREENING INFORMATION QUESTIONS BELOW ARE ANSWERED "YES", COMPLETE THE ENTIRE FORM AND RETURN IT TO THE ADDRESS LISTED ABOVE.

SCREENING INFORMATION

YES

QUALIFYING
VEHICLE:

COMMERCIAL TRUCK (GVWR OVER 10,000 LBS)?

☐

HAZARDOUS MATERIAL PLACARD?

☐

COMMERCIAL BUS (DESIGNED TO CARRY 16 OR MORE PASSENGERS)?

☐

FARM VEHICLE (4 AXLES OR MORE) OPERATED FOR HIRE (80,000 LBS OR LESS)?

☐

FARM VEHICLE (4 AXLES OR MORE) OPERATED OVER 80,000 LBS (FARMER'S FARM USE ONLY)?

☐

CRITERIA:

ANY PERSON SUSTAINING A FATALITY (WITHIN 30 DAYS OF THE ACCIDENT)?

☐

ANY PERSON SUSTAINING INJURIES REQUIRING TREATMENT AWAY FROM THE SCENE?

☐

ANY VEHICLE TOWED FROM SCENE DUE TO DISABLING DAMAGE?

☐

MOTOR CARRIER NAME

AUTHORITY NO.

ADDRESS

CITY

STATE

ZIP CODE

ACCIDENT INFORMATION

PLACE OF ACCIDENT
(NEAREST CITY OR TOWN)

HWY#, MILEPOINT / STREET NAME

DIRECTION OF YOUR
VEHICLE (CIRCLE):

N E S

DATE OF ACCIDENT: ____ / ____ / ____

TIME (NEAREST HOUR)

☐ AM
☐ PM

DAY OF WEEK (CIRCLE): MON TUE WED THU FRI SAT SUN

CONDITIONS AT TIME OF ACCIDENT

WEATHER (CIRCLE ONE):

1. CLEAR 2. RAIN 3. SNOW 4. CLOUDY 5. SLEET 6. FOG 7. OTHER

ROAD SURFACE (CIRCLE ONE):

1. DRY 2. WET 3. SNOWY 4. ICY 5. OTHER

LIGHT CONDITION (CIRCLE ONE):

1. DAY 2. DAWN 3. DUSK 4. ARTIFICIAL LIGHTS 5. DARK 6. OTHER

VEHICLE INFORMATION

YEAR

MAKE

UNIT NO.

PUC PLATE NO.

TOTAL NO. AXLES

VEHICLE TYPE:
(CIRCLE ONE)

TRUCK, TRUCK-TRAILER, TRAC-TRAILER, TRAC-DBLS, TRAC-TRPLS, TRUCK-2TRLS, BOBTAIL,

BUS (IF BUS, NO. OF PASSENGERS ON BOARD: _____)

CARGO BODY TYPE:
(CIRCLE ONE)

VAN, FLATBED, TANKER, CONTAINER, POLE, DUMP, BELLY-DUMP, CAR CARRIER, LIVESTOCK,
MOBILE HOME TOWER, PASSENGER, DROP-BOX, GARBAGE, BULK-HOPPER, MIXER, SADDLEMOUNT,
WRECKER, FIXED LOAD, HEAVY HAUL UTILITY OTHER

TOTAL LENGTH OF VEHICLE / COMB

TOTAL WIDTH OF VEHICLE OR CARGO

WEIGHT (CARGO)

WEIGHT (GROSS)

COMMODITY INFORMATION

COMMODITY BEING TRANSPORTED AT TIME OF ACCIDENT:

WAS A HAZARDOUS COMMODITY BEING HAULED? ☐ YES ☐ NO

WAS HAZARDOUS MATERIAL RELEASED FROM THE VEHICLE CARGO? ☐ YES ☐ NO
(NOT A FUEL RELEASE)

HAZARD CLASS